S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I		Example II	
The principal cause of dea of importance were as follows:	th and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SEP 8 1991	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	RUREAU V.	July 5,1927	Peritonitis	3 days ago
		- and the same of		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

FOR

RESERVED

MARGIN

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Ex	ample I		Example II	
The principal cause of dead of importance were as follo	h and related causes ws:	Date of buset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	V Hitting	\$ 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Corebral hemorrhage	approximately the second	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH	STATE OF MARYLAND
County Harford -	CERTIFICATE OF DEATH
County County (1814	Registration Dist. No. 185
Village or City How as Gra(No. Hospies)	tion, give its NAME it
2FULL NAME Colgan R. De	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) / Q (Day) /93 ((Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1931. to Character 1021, that I last saw hair alive on Creek. 10 1931,
7 AGE If LESS than I day hrs. 1 day h	and that death occurred on the date stated above, at 10:45 hm. The CAUSE OF DEATH * was as follows:
a occupation (a) Trade, profession or School By particular kind of work	Jarelythe Ileus.
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. 2 ds.
9 BIRTHPLACE (State or country) Perspecte, Ind.	Contributory Secondary (Duration) yrs mos. Z ds,
10 NAME OF FATHER abne P. Burney.	(Signed) Lucles Tolony M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 2	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Many E, Redgiane 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State of Country) Delaware -	At place of death yrs mos 34ds State yrs ds. Where was disease contracted,
(Informant) Chall R. Burrows	if not at place of death?
(Address) Pewyolle, M.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Aug. 13, 1931
15 Filed Jug ! 1921 Charles J Fley M.D. Registras	Lee a. Ostteson Percelle, nd.
If more blanks are needed, address tate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

00525

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housetired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons ener," etc., without more precise specification as Day nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "(Exhaustion," "Heart lauure, Haemorinage, "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular heart disease; nephritis, etc. The contributory and consequences (e. g., sepsis, Example: Measles (disease

County Harton	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 180
Village or City (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Mug 9 , 1923/ (Month) (Day) (Year)
6 DATE OF BIRTH aug 9 13/	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year	that I last saw halive on, 192,
7 AGE If LESS th 1 day h	rs. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	till Boot - 3 ms. (Duration) yrs mos ds,
9 BIRTHPLACE (State or country) Mayelludg	Contributory Secondary (Duration) , yes mos ds.
FATHER WHUN CHOUNTS	(Signed) M. D. (Address) Eleganty
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER FRAME WHALL 13 BIRTHPLACE OF MOTHER (State or Country) Maryllud	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) AM a Chambred	if not at place of death?
(Address) Eleg Eword	otter Point md aug-9, 19.31
Filed August 9 19831 Fred Shorlok Registrar	Dr. Chas. E. Roth Edgewood mo
If more blanks are needed, address State Regist	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery;

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mation should be carefully supplied. AGE should be stated EXACTLY.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

PHYSICIANS should state

Exact statement of OCCUPAR

properly classified.

B.-WRITE PLAINLY,

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 19527
1. PLACE OF DEATH	THIT'S 8: 146
county Harford	Registration Dist. No. 185
Village or City Havre de Grace Md.	No. Jurgantal St., Ward death occurred in a phorpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos.	· N
2. FULL NAME Trasce P. Call	ins
(a) Residence: No.	St. Ward Darlington Ms.
(Usual place of abode)	If nonresplent give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Glack 5, SINGLE, MARRIED, WIDOWED, ORDHORCED (write the ways)	21. DATE OF DEATH (Month) 3/ (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of time Collins	22. I HEREBY CERTIFY. That I attended deceased from any 27 1931, to any 31 1931
6. DATE OF BIRTH (month, day, and year) May 15, 1900	I last saw her alive on ang 3, 1931; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9 300 Pm.
3 16 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Aruse mile SAWYER, BOOKKEEPER, etc.	at Rephrile - Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Urashia
11. Total time (years) this occupation (month and year)	
md.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	ine and S.
13. NAME Henry Crestery	July
13. NAME Henry Crestery 14. BIRTHPLACE (city or town) Darlington, And.	Name of operation Filewers Date of \$ /27/31
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sugar Washington	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Susaa Hashington 16. BIRTHPLACE (city or town) Dashington (State or country)	Accident, suicide, or homicida? Date of injury, 19
17. INFORMANT Agapital Records (Address) The de Brace Ma	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVACIONAL Super 3, 1931	Manner of injury
19. UNDERTAKER Dean & Foster (Address) Gel air, ma	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Sept 1, 1931 Charles J. Foley S	(Signed) Have de Seaw West

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	WRITE PL NI WITH UNFADING INKTHIS IS A PERM ENT	ery item of information should be carefully supplied. ACE should be state ANS should state CAUSE OF DEATH in plain terms so that it may be prop
)	[11]	be be
	SM	uld
	PEF	sho it r
	A	CE that
	IS	So
1	HIS	lied
	F	upp
j	NK	ly sin
1	0	oful n pl
	Ž	H
	FAL	EAT
	S	Did D
	LH	Sho m
	W	On
		nati C
	E	forn
,	L	in a
	E P	lo
	SITI	ten
	W	NS
		0 4 6

V. S. No. 1

Village or City Harrida Seaw (No. 25ULL NAME Baby 60	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 85 St.: Ward) (If death occurred in a hospital or institution, give its NAME literated of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word) 8 DATE OF BIRTH Lug 27th, 1934	16 DATE OF DEATH (Month) (Day) (Year)
7 AGE (Month) (Phy) (Year) 7 AGE If LESS than I day hrs. or min.?	that I last saw h
Social Pation (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Harry & State of Harry & Father 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 MAIDEN NAME OF MOTHER (State or Country) 15 BIRTHPLACE OF MOTHER (State or Country)	(Durstion) (Contributory Raching Descendary (Signed) *State the Iviscase Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfer death yrs mos ds. At place of death yrs mos ds. Where was disease contracted,
(Informant) Frience Collection (Address) Bell and Dely Marks are needed, address State Registran	if not at place of dea.h? Former or usual residence 19 PLAGE OF BURIAL OR REMOVAL Clark's Chapel 20 UNDERTAKER June Collins Address Bel air Md.

(Approved by U. S. Census and American Public Health Association.)

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

V. S. No. 1

BINDING

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	Example I		Example II	
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	2 1/63	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	SEP 5 1971	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FUEBAU V.	July 5,1927	Peritonitis	3 days ago
	110/200	representative to the		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	AN
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M	PKYSI- d. Exact	PLACE OF DEATH County Flanged Go	9530 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 1821
CORD	EXACTLY, y classifie	Village or City Han Red Parage (No	Registration Dist. No. 10 2) St.: Ward) Flening Registration Dist. No. 10 2) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
O E	oper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SING ENT	be st be pr ck of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Quey 17, 1981 (Month) (Day) (Year).
R BIND A PERM	s on	6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h Assalive on 7 13
D FO	s so t tructi	7 AGE If LESS than I dayhrs. or min.?	and that death occurred on the date stated above, at 3 A
WRITE PLAN WITH UNFADING INK-TH	em of information should be carefully supp should state CAUSE CF DEATH in plain ter ent of OCCUPATION is very important. See i	OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Duration) Contributory Secondary (Duration) (Signed) *State the Disease Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mes ds State yrs mos de State yrs
E No. 1	CIANS Stateme	(Address) Certur Mar. Filed aug. 17 1931 J. E. Chambers Registrar	Dines Church, Ca Aug 19, 1931 20 UN DERTAKER Sean & Fostor Bellin, Med
A	Z	If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, er," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, us At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the duties of the (b)

Statement of Cause of Death—Name, first, the DISEACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Dinhtheria (avoid use of "Croup"); spinal meningitis"; Dinhtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

8

data is essential and must be obtained before the certificate is

permanently filed.

as fracture of skull, and consequences (e.g., sepsis, (Recommendations on statement of cause of death If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the approved by Committee on tetanus) may be stated under the head of "contributory." American Medical Association.) carbolic acid—probably suicide. The nature of the injury, "PUERPEHAL sopticaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Carcinona, Sarcona, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumania (secondary), Chronic interstitual nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, cough; or intercurrent) Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature

V. S. No. 1

1	PLACE OF DEATH	09531 STATE OF MARYLAND
	County Harland	CERTIFICATE OF DEATH Registration Dist. No. 185
	Village or City Helbrace, (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Ang 3rd, 1981 (Month) (Day) (Year)
	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from July 30 10 1931, to any 37, 181, that I lest saw her alive on any 1931,
	7 AGE If LESS than day hrs. or min.	and that death occurred on the date stated above, at
000	8 OCCUPATION (a) Trade, profession or Housework. particular kind of work	viras & Trup Board
or tallt.	(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Carpiec Explanation
	9 BIRTHPLACE (State or country) Maryland,	Secondery (Duration) pre mos 3 ds.
	10 NAME OF June 28. Preston.	(Signed) ames 76, Bay M. D. and 1981 (Address) John Dr Luce, and
	OF FATHER (State or country) Manyland,	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Sliga Allulum	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathmosds. In the Statemosds. Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Mrs. Www. Ward,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
010	15 Filed Aug 1981 Charles Jaley M. D. Régistrar	20 UN DERTAKER ADDRESS Zug
		r, 16 W. Seratoga St. Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Civil engineer, whatever, write None. For many occupations a especially in industrial employments, it is necesyrs). without more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The valvular heart disease; contributory not be

N. B.--

PLACE OF DEATH	STATE OF MARYLAND
County Harforg	CERTIFICATE OF DEATH
County	Registration Dist. No. 183
Village or City Fresh Hell (No. 2) wheth	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Single OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192, to My 8, 192, , that I last saw h 1 alive on My 8, 1955,
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at \$30.9 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) march Cand	Contributory Secondary (Duration) yıs
10 NAME OF Sheet Harton	(Signed) Thanks 19 50 M. D. 14 19 1921 (Address) Det 13: Way
OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER COMME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State of Country) Manual Country) 14 THE ABOVE IS TRUE TO THE SEAT OF MY KNOWLEDGE	At place of death
(Informant) Chas & Sesofton	Former or usual residence
(Address) Forest Hill	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL
15 Filed aug 21 1971 Thomas R Brown	20 UNDERTAKER CELK CON ESS TENESTONE
If more b.anks are needed, addre. s Ltate Kegistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician. Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write None. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material (6) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopasumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be st_ted unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E.haustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronie valvular heart disease;

V. S. No. 1

F MARYLAND
ATE OF DEATH
tion Dist. No. 185
Vard) (If death occurred in a hospital or institu- tion, give its NAME in- steed of street and
number.)
TE OF DEATH
[Day] (Year)
Lettended the deceased from
Tela 12, 1923/,
tated above, at 8:00 Qm
10:
State Mylan
yrada.
vis mos S ds
Foliag M. D.
Peath, or, In deaths from of Injury and (2) Whether
lospitals, Institutions, Trans-
In the State yrs mos ds.
9.00
DATE OF BURIAL
ing ang. 15,00%.
DATE OF BURIAL AUG. 1, 193/. ADDRESS ALLES 24
The second secon

(Approved by U. S. Census and American Public Health Association.)

cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook. ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a ," etc., Foreman, (b) Automobile factory. The materia For many occupations, a single word or term on yrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-(b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> inges, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaennia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock, "Exhaustion," "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease Whooping cough; approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, etc., of . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY "Heart failure," "Haemorrhage, Chronic etc. valvular heart The contributory Always qualify all disease .

6	' PLACE OF DEATH	09534 STATE OF MARYLAND
Cour	nty Harford	CERTIFICATE OF DEATH Registration Dist. No. 182
A State	age or City Fallston Alde (No. ,	St; Ward) [If death occurred in a hospital or institution, give its NAME instead
i i i	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
See 3 SE	Acolor or RACE 5 SINGLE, MARRIED, WIDOWER OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day), 193/
ortification of the second	Cug. 2/ 1.8 46 AMonth) (Day) (Year) If LESS than	that I last saw have alive on Lugued. 14, 198/ and that death occurred on the date stated above, at 3P.m
to ba	S 5 yrs // mes. 27 ds. or min.? CCUPATION a) Trade, profession, er initialization of work Tarrier	The CAUSE OF DEATH * was as follows:
my O wh	O) General nature of industry Isiness, or establishment in hich employed (or employer) IRTHPLACE (State or country)	Contributory Rame
rtant See	10 NAME OF John Lancaster 11 BIRTHPLACE OF FATHER (State or country) Maryland	(Signed) CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether ACCIDENTAL.
Is very Impo	13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 12 MAIDEN NAME Martha Thords 13 BIRTHPLACE OF MOTHER (State or country)	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place le the of deeth yre
PATIO	(Informant) William O. Lancoster	Where was disease contracted, If not at place of death? Former or usual residence
To de Culte	(Address) Fallslow Mit. 183/ N.E. Richardson REGISTRAN	French of Burial or REMOVAL Date of Burial Free Shift M. E. Ben aug 18, 191 20 UNDERTAKER M.S. Walker Forest Hall Med.

[Approved by U. S. Census and American Public Health
Association.]

6 yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer." etc., without more who receive a definite salary), may be entered as House precise specification as Day laborer, Furm laborer, Laborer mill; (a) Salesman, (b) Grocery: (a) Foreman. first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil mobile factory. only when needed. is provided for the latter statement; it should be used business or industry, and know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. applies to each and every person, irrespective neas of various pursuits can be known. The question For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-The material worked on may form part Women at home, who are engaged in As examples: (a) Spinner, (b) Cotton therefore an additional line But in many cases, etc., without more If retired from (b) Autoof age.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lohar meumonia. Bronchopneumonia ("Pneumonia," meningilised. is indefinite); Tuberculosis of lungs, meningilised.

BUREAU

genital," on Nomenelature of the American Medical Association. on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: head-homicide; Poisoned by Struck by railway train-accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness." "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (discase causing death), 29 ds.; Bronrent) affection need not be stated unless nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstition "Tumor" for malignant neoplasms); Measles; Wheoping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use et or miscarriage as "Senile," etc.), The contributory (secondary or intereur etc. "PUERPERAL seplichaemia," "Dropsy," "Exhaustion," carbolic acid-probably State cause for which (Recommendations "Atrophy," "Col-Never report mere important. mound ("Con-

Z

PLACE OF DEATH COUNTY HAVEARD AITRIN BOOKS PATTER COUNTY HAVEARD AITRIN BOOKS PATTER AIT	STATE OF MARYLAND CERTIFICATE OF DEATH
County August	16~
Village or City Havre - de - Grace 2FULL NAME Carson Laru	Registration Dist. No. Control Control
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Xionth) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last saw was alive on 192
7 AGE If LESS than I day hrs. ds. or min.?	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) yrs. 4 mos. ds.
which employed or (employer) & T	Contributory Candle Tankland Condary Secondary (Durstion) yrs mos & ds.
FATHER Samuel Larne	(Signed) M. D. M.
ST II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country)	*State the I'is ase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or Country) OF MOTHER OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Informant)	Where was disease contracted, if not at place of dea.h? Former or usual residence
(Address) Touthell sait and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ORAGONAL ORAGONAL
Filed aug 15 192/ Charles J. Islay 20.2	Toe O. Patterson Verryalle
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

i

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Compositor, Architect, Locomotive engineer, neer, Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease approved by Committee on Nomenclature "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ot American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

1	PLACE O		OF MAI	RYLAND—	CERTIFICATE OF DEATH ()95	36
1.					18	
		Harford		203	Registration Dist, No. 180	·
	Village or (City Edgewood	Arsenal,	Ma •	ND. St., f death occurred in a hospital or institution, give its NAME instead of street and n	umber)
	. Length of res	Idenca in city or town wh	ere death occurred	yrs,mos	sds. How long in U.S. if of foreign birth?yrsmos	sd
2	FULL NA	ME Cori	a Lopez			
	(a) Resider	nce: No. Edgewood		, Md . ace of abode)	St., Ward. If nonresident give city or town and S	State
	PERSON	NAL AND STATE	STICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH	
3. S	ex Female	4. COLOR OR RACE S. American	OR DIVOR	ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH August 23 (Month) (Day)	193 1 (Year)
_	If married, widow XIII SEA NO. 1X (or) WIFE of				22. I HEREBY CERTIFY, That I attended d April 1931 to Aug 23	
6. D	ATE OF BIRTH	(month, day, and year)	Feb. 5, 1	872.	A	; death is sa
7. A	GE Yes	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
NO		ession, or particular work done, as SPINNER, BOOKKEEPER, etc.	Housev	vife	Carcinomatosis, involving stomach, duodenal, liver and lungs.	Undet
K	9. Industry or work wa	business in which as dona, as SILK MILL, LL, BANK, etc			www.	
000	this occu	sad last worked at pation (month and	S	al tima (years) spent in this occupation		
12.	BIRTHPLACE (ci	ity or town) Calle	Colombia.		Other Contributory Causes of importance:	
ER	13. NAME	Fodolfo 1	Velasco			
FATH		E (city or town)	alle, mbia, S.Am	nerica	Name of operation. What test confirmed diagnosis? Exploratory Was there an at	y N
ER	15. MAIDEN NA		dez Velas			
MOTH	16. BIRTHPLACI	E (city or town) Car country) Colom	alle.		23. If death was dua to external causes (VIOLENCE) fill in also tha following: Accident, suicida, or homicide?, 1 Where did injury occur?, 1	
17. INFORMANT Mrs. W. S. Vice, (daughter) (Address) Edgewood Arsenal. Md.			ice, (daug	chter)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.) CE.
18.	BURIAL, CREMA	TION, OR REMOVAL			Manner of injury	
19. UNDERTAKER dayard & Mc Comas				ras	24. Was diseasa or injury in any way related to occupation of deceased?	Vα
20.	(Address)	24,1931 Fr	edeller	elok Registrar.	(Signed) BENJAMIN T. GHARTON, Capt.	H.C.M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.,

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis OFFIAT VS.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		• • • • • • • • • • • • • • • • • • • •	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			17

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

of infor

plnods item

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? yrs. mos. ds. (a) Residence: No. If nonresident give city or town and State CERTIFY That I attended degeased from Date of onset Was there an au'opsy?_____

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	-	776	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No.

PLACE OF DEATH County HWADO	09538 STATE OF MARYLAND CERTIFICATE OF DEATH
Make as deal	Registration Dist. No. 180
Village or City (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Wy 26 , 1923 / (Month) (Day) (Year)
6 DATE OF BIRTH AND 25 951	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE [If LESS than	
e OCCUPATION (a) Trade, profession or particular kind of work	Firmatur Busti - 7 mo
(b) General nature of industry // business, or establishment in which employed or (employer)	(Duration)yrsmosds,
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary Appropriate Transford
10 NAME OF JUNEUS	(Signed) M. D. M. D. M. D. (Address) Edg word Wel
of FATHER (State or country) Seletury Well	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER CENTURE MOEWICK 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER Gelluy Md	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
(Informant) CATILL MALLOCAL	if not at place of death? Former or usual residence
(Address) Bulleum and	Creswell, md aug 27, 1931
Filed Aug 26 19431 Fredelbarlok	andrew Stateky Crewell, md
If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Loeomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestired 6 yrs). work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on (b)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telajus) may be stated under the head of "contributory." Recommendations on statement of cause of death use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, mencarpolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all (secondary or intercurrent) approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condicough; Chronic etc. The contributory affection need valvular heart disease; not be

PLACE OF DEATH	09539 STATE OF MARYLAND
County Muffa	CERTIFICATE OF DEATH
Want	Registration Dist, No. / 8 0
Village or City Wey Wu (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME MEBER Brody	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wall Will Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH aug 18, 1925' (Month) (Day) (Year)
6 DATE OF BIRTH Mey Z, 1929 (Morth) (Day), 1794r)	that I last saw han alive on week I 1923/
7 AGE If LESS than I day hrs. or min.	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	estr-Ententis
which employed or (employer)	(Duration)yrede.
9 BIRTHPLACE (State or country) Mary land	Contributory Secondary
10 NAME OF FATHER MY Moxful	(Sighed) MOVIAW M. D. WUQ 18 1981 (Address) Ra Ewind My
OF FATHER (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER CLITTS Spails	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) my maybe	usual residence
(Address) + Juffur Wd	mt barnel Date of Burial aug 20, 1931
Filed Ang 19 193 Fred Mevelok	Howard K Mcloma Alingdon
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Md

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as any laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewije, Housework, or At Home, and children, not gainfully emnature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. Housemaid, etc. If the occupation has been changed For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," Whooping cough; Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephrilis, etc. The contributory and consequences (e. g., sepsis,

S. No. 1

(Address)

Registrar.

STATE OF MARYLAND-CERTIFICATE OF DEATH

(Year)

death is seid

Date of onset

Thet I attended deceased from

Was there en autopsy?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			4

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH County Harford 17818 1000 ATA	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
Village or City Edelscale, (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2 SEX 4 COLOR OR RACE SINGLE, MARIED, Single WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH 8 . , 1918 (Month) (Day) (Year)	that I last saw her alive on Affig 25, 192/
7 AGE Tyre. 3 mos. 2 de. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos 22.ds.
9 BIRTHPLACE (State or country) Maryland, 10 NAME OF D	Contributory Secondary (Duration) (Duration) (Signed) (M. D.
TATHER CALLAND TURELLY II BIRTHPLACE OF FATHER (State or country) State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME MANY SHOWS OF MOTHER MANY SHOWS OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was discase contracted,
(Informant) Rully Taserry	if not at place of death? Former or usual residence
15 Filed Aug 29 192 Clarles J. Toley D.D. Registrar	20 ON DERTAKER ADDRESS 2400 Plantes
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken to report specifically the occupations of persons en-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Civil engincer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropay," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronie interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY (secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Whooping Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular Nomenclature of the Always qualify all heart disease not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No.

PLACE OF DEAT	гн		0954	STATE OF	MARYLAND
County			(911-0)		E OF DEATH
			(1)	Registration	Dist. No. 184
Village - Chy 2	No.	2 7	200	St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND	STATISTICAL PARTICU	LARS	MED	ICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR	OR RACE SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	idame	19 DATE OF DEAT	ling /	3 19 3 /
0	(Month) (Day)	, 1.764 (Year)	Guly 26	BY CERTIFY, That Lat	tended the deceased from
7 AGE 6 7 yrs.	mos. 3 _ds.	If LESS than I day hrs. or min.?		urred on the date state ATH * was as follows:	dabove, at
(a) Trade, profession or particular kind of work (b) General nature of ind business, or establishment which employed or (employed or (employed)	in	d	Cuy	(Duration)	Yrsds,
9 BIRTHPLACE (State of country) Man	pland		Contributory Secondary	(Decation)	ysde,
10 NAME OF FATHER 0 11 BIRTHPLACE	and Bu	e in	(Signed) Lev		diff hil
OF FATHER (State of country) 12 MAIDEN NAME	angla	ud	Control of the last of the las	Disease Causing Death state (1) Means of I al or Homicidal.	
OF MOTHER 2000 13 BIRTHPLACE OF MOTHER (State or country)	raylan	- de	At place of deathyrs	Residents) In the second secon	eteyrsmosds.
14 THE ABOVE IS TRUE TO	THE BEST OF MY KNOWLE		if not at place of de Former or usual residence	eath?	
(Address)	and the state of t		Slate Rio	lge Centy	ang 16, 1951
	BI H. J. B. M. M. A.	Registrar	20 UNDERTAKER (DWZ/02 16 W. Saratoga St.	Baito,, Requesting V.	Dolla 8

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without note process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (rework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a nature of the business or industry, and therefore an Civil engineer, report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Compositor, Architect, For persons who have no occupation (6) Stationary fireman, etc. But in many Automobile factory. The Locomotive engineer, (b) materia Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchapneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless importan+ inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) approyed by (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as Committee on Chronic Example: Measles (disease chopneumonia (secondary) etc. The contributory valvular heart Nomenclature Measles ; discase;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	09543 STATE OF MARYLAND
County Component LI	CERTIFICATE OF DEATH
Village or City Have de Gove Pappaiel	a hospital or institu
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewsle Lukite - SINGLE, - Child - MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH September 182, 1925	16 DATE OF DEATH (Month) /2 (Day) /93/ (Year) 17 I HEREBY CERTIFY, That I attended the deceased from the second
(Month) (Day) (Year) 7 AGE 5 - 10 - 24 If LESS than I day	and that death occurred on the date stated above, at 7:30 pm The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary (Duration) (Duration) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Address) (A
(Address) Overgaelle, Maryand. 15 Filed aug 14 1921 Charles J. Fley Régistras	20 UNDERTAKER ADDRESS Le a. Others C. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more precion mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature of the "Exhaustion," "Heart laure,
> "Gold Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, American Medical Association.) telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Whooping use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi (Recommendations on statement of cause of death as fracture of skull, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; or intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart disease; nephrilis, etc. The contributory and consequences (e. g., sepsis, ," "Coma," "Convulsions,

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1931

PLACE OF DEATH	09544 STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
	Registration Dist. No. 18
Village or City Perryman (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, married Wildowed. OR DIVORCED (Write the word)	16 DATE OF DEATH Quy 5, 1984. (Month) (Day) (Year)
6 DATE OF BIRTH A Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from May 27 1921. to aug 5, 1921, that I less saw humalive on aug 4, 1921,
7 AGE If LESS than 1 dayhrs. ormin.?	and that death occurred on the data stated above, at 720 f.m. The CAUSE OF DEATH * was as follows: axident, Suptember 10th, 1930, at Brynois, Harfal County, may land
(a) Trade, profession or particular kind of work Carmy leave R. R. Jay (b) General nature of industry	Juffer Contract Vertebrase
business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Manyland	Contributory (Audy) on his boats. (Durstion) yrs. mos. do. Contributory (Audy) Cotting deceased fall Secondary on his boats. (Durstion) yrs. mos.
10 NAME OF FATHER OMNIE Pussell	(Signed) J. J. Magraw M. D. Chy 6 1931 (Address) Compile Md
Z (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME of MOTHER Margaret Cantler	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Manylund	At place of death yrs mos ds. In the State yrs mos ds. Where was disease contracted, if not at place of death?
(Informant) Latherne Tursell	Former or usual residence
(Address) Perryman md R.F. W	Speritia Centre aug 8, 1931
Filed any 7 1923/ Ol Muchae Registrar	20 UN DERTAKER - 1 Don / ADDRESS / Haved grave
If more bianks are naeded, address Stata Registrar	, 16 W. Saratoga St Balto., Requesting V. S. No. 1.

09544

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salcsman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING, DEATH. gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neceswithout more precise specification as Day 6 Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic gerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Committee on Nomenclature Chronic Example: Measles (disease etc. valvular heart The contributory Measles; disease;

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1931

County County County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 182
Village or City Tel air (No.	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
2FULL NAME OF	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white single, wipower of the word)	(Month Cluster) 3/ (Year)
6 DATE OF BIRTH QUA (Month) (Day) (Year)	that the way still How aug 31, 1931, to the the way still How aug 31, 1931, to the the way of the the way of the the way of the the way of the
7 AGE STELL-Born If LESS than I day hrs. or min.	The CAUSE OF DEATH * was as follows: date about
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Hydramuios
Dusiness, or establishment in which employed or (employer)	(Duration) yrs. J. mosds
9 BIRTHPLACE (State or country) llary laced 10 NAME OF FATHER Truy Spicer 11 BIRTHPLACE	(Signed). 7- (Address) [3el All M. D.
OF FATHER (State or country) Voret Carolice 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the Lisease Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Worth Caroluce	ients or Recent Residents) At place In the of death yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Sery Spicer (Address) Bel au mel	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Seft / . 1934
Filed 1987. V. E. Chambers Registrar If more hanks are needed, addre a State Registrar	Decu & Josh Belan Md 1, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
to those pressure are meeting and present well series	

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from loborer, Form loborer. Loborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager." "Deal-(a) Foreman, whatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a " etc., or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the 6 Grocery,

Strtement of Cause of Death—Name, first, the DISEAR : (AUS:NG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,");

approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by rainvay train-"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaenia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitual nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death can be ascertained as the cause. Always qualify all "Atrophy," "Collapse," "Come," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Chronic Example: Measles (disease etc. The contributory valirular heart disease;

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N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD LENT MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS A PERM WRITE PL V S No. 1

PLACE OF DEATH	1954 CEPTIFICATE OF DEATH
County Merry Program	Registration Dist, No. 183
Village or City Rocks (No	St.: Ward) St.: Ward) A hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MURICULE WIDOWED. Timal While OR DIVORCED (Write the word)	16 DATE OF DEATH 2 , 192 (Month) (Day) (Year)
6 DATE OF BIRTH Dec 14, 1857 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to Till 2 7 1921. that I last saw hele alive on Assp. 18. 198/, 198/
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at 200 pm. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) yrs, mos ds,
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) furfoul a mid	Secondary (Duration)
10 NAME OF FATHER Henry Frains	(Signed) Charles (Address) M. D. Andrews
State or country) Harford co hid	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Smely Gay	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) forford co ned	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
(Informant) Chas & J & Gaw (Address) Rocks mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Rather Cerry Jeff (, 103/)
15 Filed aug 30 1931 Thomas R Brown	20 UNDERTAKER, JOHN Jarrellsville
If more b.anks are needed, addre.s Ltate Negistra	ur, 16 W. Saratoga St., Balto., Lequesting V.S. I.o. 1. Md

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statementrof octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchoppeumonia ("Pneumonia,")

> 10 ds. Never report mere symptoms or terminal condist_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." carpolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train American Medical Association.) Recommendations on statement of cause of death FOR VIOLENT DEATHS state MEANS OF INJU.X cough; Chronic etc. affection need valvular heart The contributory Always qualify all disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH 69547 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give its NAME ir stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Year) 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: SERVED Ads. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work a (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) (Duration) 0 10 NAME OF FATHER 0 (Address), 11 BIRTHPLACE OF FATHER *State the I is sase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether LZ WZ (V) (State or country) AC Accidental, Suicidal or Homicidal. 12 MAIDEN NAME O 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER nform State CCUP/ ients or Recent Residents) CCU 13 BIRTHPLACE At place In the OF MOTHER of death yrs mos ds. (State or country) 00 Where was disesse contracted, of item of should if not at place of dea.h?. Every item CIANS sho statement Former or usual residence. DATE OF BURIAL If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healththe first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork; or At Home, and children, not gainfully em-ployed us At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Form laborer, Laborer—Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesmon. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of whatever, write Nonc. For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the Locomotive engineer, Grocery;

Strtement of Cause of Death—Name, first, the DISEANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meastes; (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepeis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heort disease;

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If this certificate the lookes over throughly and all questions answered in detail, it will prove the certificate and must be obtained before the certificate is permanently fied.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	900	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
-			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	IRTHER STATEMENTS	BY	PHYSICIAN
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BINDIN

ESERVE

MARGIN

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken tired 6 yrs). state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. won-en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ensary to know (a) the kind of work and also (b) the Physician, Foreman, For many occupations a single word or term on be used only when needed. As examples: (a) Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material 6) Grocery;

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permanently filed.

carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is approved by Committee on American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," Old Age, Suoca, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid taken. For VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory Nomenclature of the

V. 80

PLACE OF DEATH	09551 STATE OF MARYLAND
County Harfard	CERTIFICATE OF DEATH
	Registration Dist. No. 183
Village or City Whita Hall (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Eleanor May o	tion, give its NAME ir- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White (Write the word)	16 DATE OF DEATH Aug 8, 1933 (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
fines 16 1/13/	buth 1000 g. V 6, 3 1 to any 148/3
(Month) (Day) (Year)	that I last saw har alive on lake 1, 1925
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows.
Oyrs. O mos. 2 ds. or min.?	Convelsions caused by
OCCUPATION (a) Trade, profession or	Head value not closing
particular kind of work (b) General nature of industry	(Blue Goly)
business, or establishment in which employed or (employer)	(Duration) yrs, ros ds.
9 BIRTHPLACE	Contributory Secondary
(State or country) Hospard Co band	(Duration) yrsds,
FATHER Connel F Thomas	(Signed) J. E. Arthur M. D.
0 11 BIRTHPLACE	Mang. 19 1923/ (Address) Careliff, Mich.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Reth B Lenton	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Flesself Thomas	Former or usual residence
(Address) White Hall med	Jerressoulle Con Date of Burial
15 Filedaug 21 1931 Thomas & Brown	20 UNDERTAKER STONE SALESSON
If more hanks are needed address that Hegistras	16 W. Saratoga St. Balto., Requesting V. S. No. 1. 1

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rd or given up on account of the DISEASE CAUSING DEATH Hausemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement.

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 09552
1. PLACE OF DEATH	920
County Starford	Registration Dist. No. / 8 /
Village or City Syllmull	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred the hospitator institution, give its 17-17-12 institution of wheet and institution death occurred the hospitator institution, give its 17-17-12 institution of wheet and institution of the hospitator institution, give its 17-17-12 institution of wheet and institution of the hospitator instit
2. FULL NAME Moun Dellman	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (price the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merriad, widowed, or divorced HUSBAND of Grank Gellman	22. I HEREBY CERTIFY. Thet I ettended deceased from Quay 1,1931, to Quay 21,1931
6. DATE OF BIRTH (month, day, and yeer) 188/ 5- 11	I last saw A My alive on Quey 200, 193/; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above at 3.30-4 m.
60 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Housework SAWYER, BOOKKEEPER, etc.	Carriac Joannewsaling
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
0. Oate deceased last worked et this occupation (month and year) year) occupation	
12. BIRTHPLACE (city or town) Baltimore	Other Coutributory Causes of importance:
(State or country) md	
13. NAME Joseph Durdeck	
13. NAME 13. NAME 14. BIRTHPLACE (city or town) 12. December 14. BIRTHPLACE (city or town) 12. December 14. December 15. D	Name of operation
(State of County)	What test confirmed diegnosis? Was thera en au opsy?
15. MAIOEN NAME Borling Schulosker 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external ceuses (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT. Tank 3. llman (Address) Fave Park Israe 19	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Shurchille, M. G. Oate My . T., 19.3.	Nature of injury
19. UNITERTAKER A Baily Baily Mal	24. Was disease or injury in any way related to occupation of deceased?
20. FILED aug 21, 1931 Berthe B-Kright	(Signed) Ally As Super M. 1
If more blanks are needed, address State Revistrar	2411 N. Charles Street, Balamore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 3EC	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	-
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	ì
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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN